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CONFIRMATION NO. 5439

<b>SERIAL NUMBER</b> 10/665,332	<b>FILING OR 371(c) DATE</b> 09/17/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3775	<b>ATTORNEY DOCKET NO.</b> 10121/01705
<b>APPLICANTS</b> Peter Hamilton, East Bridgewater, MA; <b>** CONTINUING DATA *****</b> This application is a CON of 10/004,939 12/03/2001 PAT 6,648,897 which is a DIV of 09/456,835 12/07/1999 PAT 6,383,198 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/10/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 30636				
<b>TITLE</b> FLEXIBLE VACUUM GRABBER FOR HOLDING LESIONS				
<b>FILING FEE RECEIVED</b> 1050	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	